## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
	0 000400020
Check if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on M M / D D / Y H Y H Y
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
· ·	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 N Capitol St., NW	Amount
Suite 735	
City State Zip Code	742.68
Washington DC 20001	Transaction ID: SE.35574  Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	06 17 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Freedomworks, Inc.	M = M / D = D / Y = Y = Y
Mailing Address 400 N Capitol St., NW	06 17 2014
Suite 735	Amount
City State Zip Code	74.71
Washington DC 20001	Transaction ID : SE.35576 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel  Category/ 002	06 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Туре	30 17 2014
	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS Senate
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	817.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
24.0	6 19 2014
Signature	